

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>26 May 05</u>		2 Serial/Patent # <u>10/518410</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
<input checked="" type="checkbox"/>	Other <u>Multiple Claims Fee</u>			\$ <u>360</u>							
		7 TOTAL AMOUNT OF REFUND		\$ <u>360</u>							
10 REASON:		8 TO BE REFUNDED BY:									
	Overpayment	Treasury Check									
	Duplicate Payment	Credit Deposit A/C #:									
	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td style="width: 20px;">0</td><td style="width: 20px;">2</td><td style="width: 20px;">--</td><td style="width: 20px;">2</td><td style="width: 20px;">4</td><td style="width: 20px;">4</td><td style="width: 20px;">8</td></tr></table>			0	2	--	2	4	4	8
0	2	--	2	4	4	8					
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Francine Young</u>		TITLE: <u>Paralegal</u>									
SIGNATURE: _____		PHONE: _____									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: